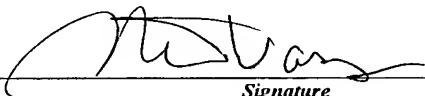



<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. <b>A-7709</b>	
Applicant(s): <b>George M. HALOW et al</b>					
Serial No. <b>10/042,236</b>	Filing Date <b>January 11, 2002</b>	Examiner <b>A. Kalinowski</b>		Group Art Unit <b>3626</b>	
Invention: <b>MEDICAL BILLING SYSTEM TO PREVENT FRAUD</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23 -	23 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 08-2455					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: <b>June 3, 2003</b>		
<b>Mitchell B. Wasson, Reg. 27,408</b> <b>HOFFMAN, WASSON &amp; GITLER, PC</b> <b>2361 Jefferson Davis Highway</b> <b>Suite 522</b> <b>Arlington, VA 22202</b> <b>(703) 415-0100</b>			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence		
 <b>20741</b> <small>PATENT &amp; TRADEMARK OFFICE</small>					
CC: 20741					

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